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|-------------------------------|--------------------------------|---------------------------|
| <i>Index of Claims</i> | Application/Control No. | 09769999 Reexamination |
| | Examiner | Art Unit |

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|---|-----------------|---|-------------------|---|---------------------|---|-----------------|
| ✓ | Rejected | - | Cancelled | N | Non-Elected | A | Appeal |
| = | Allowed | ÷ | Restricted | I | Interference | O | Objected |

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|---|----------|-------------|--|--|--|--|--|--|--|
| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 | | | | | | | | | |
| CLAIM | | DATE | | | | | | | |
| Final | Original | | | | | | | | |
| | | | | | | | | | |